PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

9-974882

	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE OF				OTHER THAN R SMALL ENTITY	
	TOTAL CLAIM						RATE	FEE	٦	RATE	FEE		
	FOR	NUMBE	NUMBER FILED .		NUMBER EXTRA		SIC FEE	385.00	OF	BASIC FE	 		
	TOTAL CHARGEABLE CLAIMS			minus 20=		*		(\$ 9=		OF	X\$18=		
11-	INDEPENDENT CLAIMS			minus 3 =		*		K43=		OR	X86=		
	IULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT			-	145=		OR	+290=		
*	If the difference	ce in column 1 i	s less than	zero, enter	"0" in)" in column 2		OTAL		OR	L		
9	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co						SI	MALL	ENTITY	o r	OTHER SMALL	THAN ENTITY	
AMENDMENT	9/20/01	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY OR	PR 5 SENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 12	Minus	× 2		=	X\$ 9=			OR	X\$18=		
	Independent * FIRST PRESENTATION OF MUI		Minus IULTIPLE DE	DEPENDENT OF			X	43=		OR	X86=		
							+1	45=		OR	+290=		
								TOTAL T. FEE		OR ,	TOTAL ADDIT, FEE		
1.	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								_	_			
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RA	TE -	ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	* ENTATION OF MI	Minus	***		=	X4	3=		OR	X86=		
Щ	I INST FRESE	INTATION OF MI	JUITPLE DE	PENDENT	LAIM		+14	5=		OR	+290=		
								DTAL FEE		OR A	TOTAL DDIT. FEE	•	
(Column 1) (Column 2) (Column 3)													
ᇙᅡ	`	CLAIMS REMAINING AFTER ' AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RAT	E T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	9=	1,	OR	X\$18=		
AME	Independent	*	Minus	***		=.	X43	=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	he "Highest Num	ber Previously Paid	For" (Total or	Independent)	ss tnan is the h	3, enter "3." lighest number f			oriate box i				